Increasing Inmate's Resilience with Support Group Therapy

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Abstract

The prevalence of mental disorders in prison inmates (WBP) has increased due to high stressors in the correctional environment. Inmate's stress comes from difficulties in adjusting to prison life with the obligation to follow applicable rules, being separated from family, losing goods and services, losing freedom and losing patterns of sexuality One way to deal with stress is to provide social support which can also increase resilience. The research aims to identify the increased resilience of prisoners after being given support group therapy. The research was conducted using a quasi-experimental method with a one group pretest-posttest design model. The population of this study were inmates who are in Class II Ambarawa Penitentary. The sample in this study was determined by non-random sampling with inclusion criterias are inmates who behaved well while in the correctional environment, aged over 17 years and had a low to moderate resilience score. The sample in this study consisted of 10 inmates who have low-moderate levels of resilience based on the Connor-Davidson Resilience Scale 25 (CD-RISC 25). Data were collected in two months between September-Novermber 2022. Data were analyzed using different test of independent sample t-test. The results showed that there was an increase in the resilience of the respondents after being given support group therapy. Inmates can provide social support in correctional facilities through support group therapy in order to increase the resilience level of other prisoners.

Keyword: Inmate , Resilience, Support group therapy

INTRODUCTION

Research on the phenomenon of imprisonment shows that the prevalence of mental disorders in inmate is twice higher than the general population (Durcan, 2021). Baranyi also found something similar where the prevalence of mental disorders in correctional facilities was 15.8 times higher than the general population with the prevalence rates for psychosis were 6·2% (95% CI 4·0–8·6), 16·0% (11·7–20·8) for major depression, 3· 8% (1·2–7·6) for alcohol use disorders, and 5·1% (2·9–7·8) for drug use disorders (Baranyi et al., 2019). In addition, incarcerated individuals may have depression, anxiety disorders, or PTSD (Andaki, 2019).

Adraro found that out of 62.7% for common mental disorders such as anxiety, depression and somatic symptom disorder was found in a group of 300 prison inmates, which is considered to be a high figure, in which three out of every five inmates are affected (Adraro, Kerebih, Tesema, Abamecha, & Hailesilassie, 2019). Inmate's stress comes from difficulties in adjusting to prison life with the obligation to follow applicable rules, being separated from family, losing goods and services, losing freedom and losing patterns of sexuality (Fajarani &

Ariani, 2017). The emotional changes experienced are caused by the inability to adapt to the correctional environment (Gómez-Figueroa & Camino-Proaño, 2022).

If it is prolonged and left untreated, stress can worsen and cause disturbances, resulting in complaints in the form of symptoms of anxiety, autonomic disturbances, and depressive moods (Anggraini, Hadiati, & Sarjana, 2019). The way to deal with the stress of prisoners in prison is to provide social support (Adraro, Kerebih, Tesema, Abamecha, & Hailesilassie, 2019). Social support can also increase the resilience of prisoners (Mufidah, 2018).

Resilience is a person's ability to rise when experiencing unpleasant events in life, with emotional stability and physical and psychological function (Zhang et al., 2018). The concept of resilience can be an indicator of an individual's mental health. A low resilience score may indicate a problem with an individual's mental health (Huang et al., 2020).

There are seven skills possessed by individuals to be said to be resilient. First, the skill to understand negative thoughts that hinder progress for oneself. Second, avoid the thought trap of self-blame. Third, recognize the fears of the subconscious. Fourth, improve the ability to solve problems. Fifth, put the problem in the right context. Sixth, be calm and focused when facing problems. Seventh, apply the principle of resilience immediately (Reivich & Shatté, 2002).

Support group therapy is an interaction activity carried out in groups. Support group therapy is part of group therapy (Bostani, Rambod, Irani, & Torabizadeh, 2020). In this therapy there are five to ten individuals who meet with the aim of solving a particular problem. Group members are motivated to provide feedback to other members. Interaction among members in the group is carried out by giving each other motivation and opportunities for each member to try to interact with others in new ways. During the therapy process there is an agreement to maintain the confidentiality of information within the group (Widyastuti et al., 2020).

Support group therapy can play a role in increasing resilience through providing support to expel negative emotions, learning from each other's experiences of other group members and fostering feelings of worth for the ability to help other group members (Kurniawan & Noviza, 2018). Support group therapy is also able to reduce indications of emotional problems and participants' negative feelings (Rahayu & Dini, 2021). The aim of the research is to identify the increased resilience of prisoners after being given support group therapy.

METHODS

This research is a quasi-experimental study with pretest-posttest control group design. This design aims to see the effect of an intervention on the group that is subject to treatment

compared to the group that is not subject to treatment. In this study, the dependent variable was measured as a group before (pretest) and after (posttest) a treatment was given. This research aims to see the effect of support group therapy interventions on the resilience of prisoners in Correctional Institutions. This research was carried out for two months from September to November 2022.

The population in this study were inmates in Class IIA Ambarawa Penitentiary with about five hundreds inmates. The sample in this study was determined by non-random sampling, in which the respondents were not representative of the general population, because of the unique case categories, it was difficult to take a large number of samples. The researchers collaborated with correctional nurses in determining this sample. The inclusion criterias are inmates who behaved well while in the correctional environment, aged over 17 years and had a low to moderate resilience score. The nurse will help select samples based on the above criteria. Obtained 20 people based on sample selection criteria who were then given a resilience questionnaire to determine the level of resilience. After measurements, it was found that 10 people had high resilience, and the remaining 10 people had low-moderate resilience. Respondents with low-moderate resilience were then recruited as samples in this study and divided into a control group and an experimental group.

The research was started by conducting a pretest on the two research groups, namely the experimental group and the control group. For the experimental group, treatment was given by giving support group therapy in three meetings. Then a posttest was carried out in both groups. In the final stage, measurements were taken again to follow-up the results of the intervention. The control group received treatment after all the intervention processes were completed.

Methods of data collection using observation, interviews and resilience scale. The scale used is the Connor-Davidson Resilience Scale (CD-RISC) 25. The resilience scale is based on the resilience aspects proposed by Connor and Davidson (2003), namely personal competence, high standards and tenacity, self-confidence, tolerance towards negative affect and is strong/tough in dealing with stress, accepts change positively and can create secure (secure) relationships with others, controls/self-control in achieving goals and how to ask or get help from others, as well as spiritual influence, i.e. believe in God or fate.

This resilience scale consists of 25 questions consisting of 15 favorable questions and 10 unfavorable questions. Each statement on this resilience scale asks for a response from the subject by having one of the alternative answers provided. This scale is based on a Likert scale consisting of 5 alternative answers with the following ratings; strongly agree (SS) is worth 4,

agree (S) is worth 3, somewhat agree (AS) is worth 2, disagree (TS) is worth 1 and strongly disagree (STS) is worth 0. The total value is obtained from the sum of all the scores obtained. Score 0-25 for low category, score 26-75 for medium category and score 76-100 for high category. This questionnaire is a standardized questionnaire so that the validity and reliability tests are not carried out by the researcher.

The Support group therapy procedure was carried out in four stages. The first stage is screening by providing a resilience scale as well as a pre-test, and selecting the results from the scales that fall into the low and medium categories to be used as samples in the study. The second stage is the provision of group support therapy interventions according to the modules that have been prepared. The preparation of the modules in this research is the result of a modification of the modules that have been compiled by previous researchers, namely Hermaleni (2020). This therapy places more emphasis on the interactions that occur between members in the group. Groups are focused on members to provide mutual feedback, provide support, share experiences and information. The therapist acts as a group leader as well as a facilitator during the process of implementing intervention activities. The therapists or facilitators in this study had educational backgrounds in psychology and nursing. The co-facilitators in this study were final year students from psychology and nursing. The third stage of this study was a post-test where participants were again given a resilience scale to measure their level of resilience after the intervention. The scale given at the post-test is the same as the scale given at the pre-test. The fourth stage is a follow-up which is carried out two weeks after the intervention to see the consistency of the intervention results.

The data analysis technique used in this study is the analysis of the different test of the mean score between the two groups. Quantitative data analysis uses the software package Statistical Product and Service Solution (SPSS) version 22. Parametric analysis of different tests will use the independent sample t-test technique.

The Health Research Ethics Committee Faculty of Medicine of Universitas Muhammadiyah Surakarta has approved the proposal to conduct a research project with number 4432/B.2/KEPK-FKUMS/XI/2022.

RESULTS

The total number of respondents in this study were 10 inmates, 5 people in the experimental group and 5 people in the control group, all of them were male. This study carried out measurements three times, before the intervention (pre-test), after the intervention (post-

test) and follow-up 2 weeks after the intervention was given. The description of the results of the research data can be seen from picture 1 and 2.

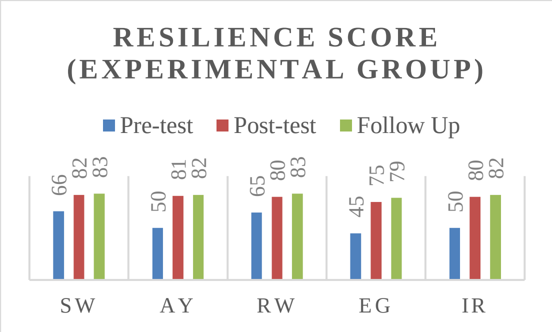


Figure 1. *Resilience measurement results in the experimental group*

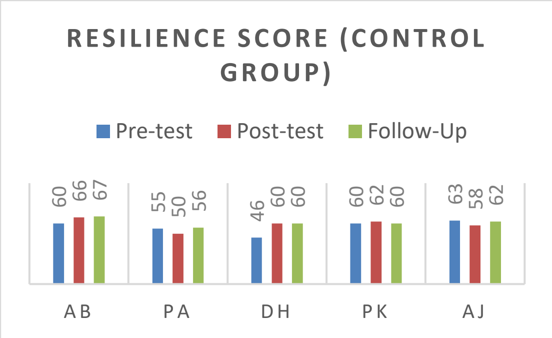


Figure 2. *Resilience measurement results in the control group*

Table 1 Statistical Data Description

	Experiment			**Control**		
	Min	**Max**	**Mean**	**Min**	**Max**	**Mean**
Pretest	46	63	56.8	45	66	55.2
Posttest	75	82	79.6	50	66	59.2
Follow-up	79	83	81.8	56	67	61

Based on table 1, the mean pretest in the experimental group was 55.2 and the control group was 56.8. These data indicate that the mean pretest score for resilience in the control group is higher than the mean pretest score for the experimental group. At the time of the posttest, the experimental group's mean rose to 79.6, higher than the control group's average value of 59.2. Similar conditions also occurred during follow-up. The average score in the experimental group was 81.8, higher than the control group's average, which was 61.

Table 2 Normality Test Results

Variabel	Mean	SD	P	Explanation
Resilience	56	7,86	0,292	Normal distribution

Table 2 shows the results of the normality test from the pretest resilience scale with the shapiro-wilk value p = 0.292 (p>0.05). The normality test rule used is if p> 0.05 then the data distribution is normal, which means that the research subject is classified as representative or can represent the existing population.

Table 3 Different Test using posttest resilience score

	p
Resiliensi Pretest	0,769
Resiliensi Posttest	0,001
Resiliensi Follow Up	0,001

Based on table 3, the pretest scores showed that there was no difference in resilience between the control and experimental groups with a significance p=0.769 (p>0.05). There are differences in resilience scores between respondents in the experimental group and the control group after the intervention. The score is said to have a difference if the p value <0.05. this is shown by the posttest resilience score with p=0.001 (p<0.05), which means there is a difference between the resilience scores of the control group and the experimental group. Differences also occurred in the follow-up reliability score between the control group and the experimental group with a value of p=0.001 (p<0.05).

DISCUSSION

This study corroborates the results of previous research by (Harier Muiz & Sulistyarini, n.d.) and (Kurniawan, Nashori, & Sulistyarini, 2019) which showed that support group therapy can increase resilience. Kurniawan said that support group therapy applied to women victims of violence can be a place to channel negative emotions, learn from each other's experiences, and make themselves valuable by helping other subjects (Kurniawan & Noviza, 2018b). Researchers also found the same thing where support group therapy applied to prisoners can be a forum for sharing stories and experiences in living each day in correctional facilities.

Prisoners learn from each other's senior experience so they get input to be able to adapt to the Correctional Institution.

Support group therapy is a form of intervention for prisoners, where there is a process for sharing information, discussing problems, expressing thoughts and feelings, and sharing experiences and learning problem solving from fellow participants. Before therapy begins, the facilitator discusses group rules so that all participants agree on the next process (Worrall et al., 2018).

Rules within the group need to be agreed upon to build mutual trust between group members so that they are open to each other about the problems they face. Establishing rules within a group is very important because group rules can make a person more open and trusting of groups. Participants can understand group rules so that during the intervention process group members can keep each other's secrets and can feel comfortable sharing their life experiences. Before the first meeting ends, the facilitator needs to explore the thoughts or feelings that arise in the therapy participants (Rahayu & Dini, 2021).

Support group therapy has several elements that support the success of the intervention, including that the group can provide opportunities for members to give and receive feedback from each other, in this way the group will learn new information and behaviors. Prisoners share with each other the problems they experience when adapting to the correctional environment, their feelings while serving time in correctional facilities, support for adapting to life in correctional facilities and the dilemma before being released from prison.

Support from fellow members is important in the success of this therapy. Through peer-to-peer support, group members will feel accepted and get attention from others as well as learn to practice social skills. Wamala et al (2020) suggest that participants in therapy can also learn to create a positive atmosphere for others. These ways will promote effective interpersonal relationships. Effective relationships make group members have trust and comfort in sharing information and experiences and providing feedback to other members.

Greeff & Wentworth (2019) stated that one of the factors that influence resilience is social support. In support group therapy, individuals can access positive social support. Prisoners who experience increased resilience after participating in support group therapy are due to social support and positive interactions that are created between fellow research respondents. All respondents were able to show themselves that they could be trusted by others so that other respondents were able to actively share their experiences, both positive and negative. This is illustrated in the research results in the form of topics of convict problems

when they begin to adapt to the correctional institution environment until they are nearing their release.

There were two therapeutic goals that emerged in the support group therapy process carried out by the research team. The first goal refers to the outcome goals (the end result of the therapy process). Outcome goals refer to changes in the behavior and emotions of group members after therapy ends. Behavior change can take the form of improving interpersonal skills, problem analysis skills, and/or the ability to recover from unpleasant events. The second goal refers to the process goal (the process during which the therapy takes place). These goals are attached to group members throughout the therapeutic process. Increasing comfort levels, willingness to be open with other group members, and learning to provide arguments against other people's opinions are some examples of process goals (Wamala et al., 2020).

CONCLUSIONS

The results of the study show that Support Group Therapy is effective in increasing the resilience scores of inmates. The group that received the intervention had a higher resilience score than the group that did not receive support group therapy. Inmates can provide social support in correctional facilities through support group therapy in order to increase the resilience level of other prisoners. Future researchers can examine other therapies that might be given to strengthen resilience and conduct training for prisoners to be able to provide social support to fellow prisoners so as to increase their resilience.

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